Appendix 1: Performance Measures (CDC Base All-Hazards Preparedness)

The following table describes a set of measures, targets, definitions, instructions, and a brief overview of data collection and submission methods. CDC will continue to require self-reported information as part of the technical reporting requirements for funded applicants. In addition, CDC will implement independent validation of self-reported information in this project period to ensure the validity and accuracy of the information. Additional guidance about phasing-in of measures will be forthcoming from CDC.

Grantees are required to report on the measures as described under data collection and submission methods. Although much of the information required for these measures can be obtained during commonly occurring urgent events (e.g., infectious disease outbreaks), grantees are expected to conduct drills and exercises to ensure that information is available for each of the measures described below. In addition, grantees should plan drills and exercises that stress their routine urgent response systems to ensure that they are building capacity for larger scale events. In each of these circumstances, grantees must implement data systems to accurately capture required information and self-report requested information to CDC. For some measures, data collected will include information from both CDC-conducted drills as well as grantee self-reported information, if available.

CDC Preparedness Goal	Proposed Measure	Jurisdictional Target	Definitions & Other Guidance	Instructions	Jurisdictional Measurement Level	Data Collection and Submission Methods
Goal 1: PREVENTION Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.	1. Public health agency has primary and secondary (backup) staff identified for core functional roles delineated in the Incident Command System (ICS) for public health	For 100% of core public health ICS functional roles, public health agency has documented contact information for primary and secondary (backup) staff	PRE-EVENT Note: The functional roles are: • Incident Commander • Public Information Officer • Safety Officer • Operations Section Chief • Planning Section Chief • Logistics Section Chief • Finance/Administration Section Chief Detailed descriptions of the functional roles and the Incident Command System can be found in "National Incident Management System," March 2004, available at: http://www.dhs.gov/interweb/assetlibrary/NIMS-90-web.pdf	Numerator: # of public health ICS core functional roles for which the public health agency has a documented list of contact information for primary and secondary (backup) staff Denominator: 7 roles for both primary and secondary (backup) staff	State and local	Self-report data submitted semi-annually as part of CDC progress report. Data submitted may be validated by an independent party during scheduled site visits. State awardees should collect and report information for staff employed at the state-level and compile information from local public health agencies located within the MSAs described in the cooperative agreement guidance. Local awardees will report on staff employed at the local public health agency only.

BETECTION AND REPORTING Bioterrorism Hospital Decrease the time needed to identify health events that could result from terrorism or naturally- occurring events, in agencies. Mear real-time to a PHIN- compliant early- event detection information system Mear real-time is defined to be 24 hours or less from the time clinical data is, obtained to the time it is transmitted into the early event detection yateru the specified PHIN Functional Area(s) is PHIN Preparadenes. certified, or por ass minimally been base-fined for PHIN certification (r.g., validated), Standards, self-assessment tools and certification process available at: http://www.ede.gov/phin/certification/ind ex.html). Minimally been base-fined for PHIN preparadenes hospital that transmitted clinical transmitted clinical transmitted propers report. Deta submitted may be validated by an independent party during is was obtained to a pilot was obtained to promise report occurring the time elimical data is obtained to be elimical was obtained to be elimical was obtained to a	Goal 2:	2. Percent of	90% of HRSA	Definitions:	Numerator:	State and local	Self-report data submitted
Decrease the time needed to identify health events that could result from terrorism or naturally-occurring events, in partnership with other agencies. Hospital Preparedness (NBPHP) awardee hospital utilization data includes the total number of staffed beds, the number of occupied beds, and the number of unoccupied beds; for the whole facility, and by facility unit. Near real-time to a PHIN-compliant early-event detection information system Near real-time is defined to be 24 hours or less from the time clinical data is obtained to the time it is transmitted clinical and/or hospital utilization data includes the total number of unoccupied beds, and the number of unoccupied beds; for the whole facility, and by facility unit. Near real-time is defined to be 24 hours or less from the time clinical data is obtained to the time it is transmitted thought the early event detection system. In the 2006/2007 grant year, PHIN-compliant means that an awardee's implementation of information systems in the specified PHIN Functional Area(s) is PHIN Preparedness certified, or has minimally been base-lined for PHIN certification (i.e., validated). (Standards, self-assessment tools and certification process available at: http://www.edc.go/phin/certification/ind	DETECTION AND						
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needed to identify health events that could result from terrorism or naturally-occurring events, in partnership with other agencies. Program (NBPHPP)	D 4 4						B . 1
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process available at: http://www.cdc.gov/phin/certification/ind					in the numerator.		
http://www.cdc.gov/phin/certification/ind							

3. Time to hav	e a Mean = 15	Definition:	Start time: Time that	State and local	Data collected during
knowledgeable		Knowledgeable public health	the call from the CDC	State and focus	ongoing CDC-initiated
public health	initiacos	professional: Employee or contractor of	DEOC first rings at		drills. Computed values
professional		the public health agency with an	the public health		for state-level awardees
respond 24/7 t	0.0	appropriate combination of education and	•		will include aggregated
call about an	Ja	experience to make basic inquiries of a	agency.		results for state public
		caller to determine what level of call	Stan time. Time that		
event that may			Stop time: Time that		health agency and local
be of urgent		escalation should occur.	knowledgeable		public health agencies
public health			professional at the		located the MSAs
consequence.		Call about an event that may be of urgent	public health agency		described in the
		public health consequence: Call about an	answers or returns the		cooperative agreement
		event that requires the immediate	call.		guidance.
		commitment of public health assets to			
		further investigate and respond	Note : The recorded		
			stop time will include		
			any elapsed time due		
			to call transfers,		
			callback time, etc.		
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			Note: CDC DEOC		
			will use the public		
			health agency's		
			published phone		
			number.		
			number.		

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4. Time to	Mean = 1 hour	Definition:	Start time: Time that	State and local	Self-report data submitted
initiate an	from notification	Event that may be of urgent public health	public health agency		semi-annually as part of
epidemiologic	of an event that	consequence: An event that requires the	receives a call about		CDC progress report.
investigation of	may be of urgent	immediate commitment of public health	an event that may be		
an event that	public health	assets to further investigate and respond.	of urgent public health		Data submitted may be
may be of urgent	consequence.		consequence		validated by an
public health		Note: The initiation of an investigation			independent party during
consequence.		includes taking action on any one of the	Stop time: Time that		scheduled site visits.
		following: designing or modifying data	public health agency		
		collection materials and databases,	epidemiologist		CDC will collect mean,
		collecting health data, case finding,	initiates an		median, minimum, and
		contact tracing, developing case	investigation of the		maximum times for
		descriptions, and identifying risk factors	event.		events during the
		and populations at risk.			reporting period.
			Time includes		
			contacting		Awardees should keep
			epidemiologist and		paper and/or electronic
			assigning the		log(s) that contains: 1)
			investigation.		date and time from public
					health agency
					determination that an
					event may be of urgent
					public health
					consequence; and 2) date
					and time of beginning of
					epidemiological
					investigation and name of
					epidemiologist or
					designated official.
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	5. Percent of Pulsed Field Gel Electrophoresis (PFGE) sub- typing data results submitted to the PulseNet national database within 96 hours of receiving isolate at the laboratory.	90% of PFGE sub-typing data results are submitted to PulseNet within 96 hours	Start time: Date and time PFGE isolate is received (or agent is isolated in pure culture if lab processes clinical specimen) at the laboratory whether during working or off-duty hours Stop time: Date and time pattern submitted to PulseNet server/team	Numerator: # of <i>E. coli</i> 0157:H7 and <i>L. monocytogenes</i> PFGE sub-typing results submitted to CDC's PulseNet database within 96 hours of receipt of isolate at the laboratory Denominator: Total # of <i>E. coli</i> 0157:H7 and <i>L. monocytogenes</i> isolates PFGE patternanalyzed.	State	Self-report data submitted quarterly as part of CDC progress report. Data submitted may be validated by an independent party during scheduled site visits. Information must include: Name of agent (i.e. <i>E. coli</i> 0157:H7 or <i>L. monocytogenes</i>); date and time is received at the lab; date and time pattern analysis is completed; and date and time pattern submitted to PulseNet.
Goal 3: DETECTION AND REPORTING Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's	6. % of tested agents for which the Laboratory Response Network (LRN) reference labs passes proficiency testing	Reference labs has a passing rating for 100% of tested based on LRN - sponsored proficiency tests in which lab participated	Applies to funded LRN reference labs only. Tested agents include those agents tested through LRN sponsored proficiency tests in which the lab participated.	Information will be collected as part of routine LRN proficiency testing. No additional reporting is required.	State	Data from CDC Bioterrorism Preparedness and Response LRN proficiency test reports. Proficiency test results data will be collected separately for each agent tested at each funded LRN lab.
health.	7. % of tested chemical agents for which Level 1 and 2 Laboratory Response Network (LRN) chemical labs passes proficiency testing	Level 1 and/or Level 2 chemical labs has a passing rating for 100% of tested chemical agents based on LRN- sponsored proficiency tests in which lab participated	Applies to funded Level 1 and 2 LRN labs only. Tested chemical agents include those agents tested through LRN sponsored proficiency tests in which the lab participated.	Information will be collected as part of routine LRN proficiency testing. No additional reporting is required.	State	Data from CDC National Center for Environmental Health LRN proficiency test reports. Proficiency test results data will be collected separately for each agent tested at each funded LRN lab.

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8. Time f		Note: Report data only on shipments of	Start time: Time that	State and local	Self-report data submitted
shipment	of	clinical specimens that potentially contain	clinical biological	funded LRN	quarterly as part of CDC
clinical		agents thought to be of urgent public	specimen or culture of	reference labs	progress report.
biologica	.1	health consequence.	agent of urgent public		
specimen	is to		health consequence is		Data submitted may be
receipt at	a LRN	LRN reference labs and clinical	ready for shipment		validated by an
reference	:	laboratories must negotiate agreements to	from sentinel lab to		independent party during
laborator	v.	ensure that the level and credibility of	reference lab.		scheduled site visits.
		potential threats can be discussed to			
		determine the urgency.	Stop time: Receipt of		Grantee should collect
			clinical biological		and report data for each
		Urgent public health consequence: An	specimen or sample		reference lab located
		event that requires the immediate	containing an agent of		within its jurisdiction.
		commitment of public health assets to	urgent public health		within its jurisdiction.
		further investigate and respond.	consequence at LRN		Mean, median, minimum,
		ruruici investigate and respond.	reference lab.		and maximum times from
			Terefelice lab.		
					shipment to receipt for all
					shipments made during
					the reporting period will
					be collected.
					Receiving labs should
					record the information
					from the chain of custody
					documentation to include:
					1) date and time, 2)
					originating lab name and
					location, and 3) shipment
					description/code.

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9. Time from	Targets from	Note: The fol			Start time: Time	State and local	Self-report data submitted
presumptive	presumptive to	identification			LRN reference lab	funded LRN	semi-annually as part of
identification to	confirmatory	general guidar			determines	reference labs	CDC progress report.
confirmatory	identification:	identification			presumptive		
identification of	D 111	measured, gra		strive to reach	identification of agent		Data submitted may be
select agents by	Bacillus	these time fran	nes:				validated by an
Laboratory	anthracis: <4				Stop time: Time		independent party during
Response	days	Presumptive ic		imes	confirmatory		scheduled site visits.
Network (LRN)		(minimum/ma			identification is made		
reference lab.	Francisella	Agent	Minimum	Maximum			Information should
	tularensis: <7	Bacillus	6 hours	24 hours			include: 1) type of agent;
	days	anthracis					2) date and time of
		Francisella	6 hours	24 hours			presumptive
	Yersinia pestis:	tularensis					identification; and 3) date
	<6 days	Yersinia	6 hours	24 hours			and time of confirmatory
		pestis					identification.
10. Time to have	Mean = 15	Non-business	hours include	hafara SAM	Start time: Time that	State and local	Data collected during
a knowledgeable	minutes	and after 5PM			a call from the CDC	funded LRN	semi-annual CDC-
Laboratory	iiiiidees	on weekends a		and anythic	DEOC first rings at	reference labs	initiated drills.
Response		on weekends a	ind nondays.		the LRN reference lab	Telefelice labs	initiated drins.
Network (LRN)		Knowledgeab	la laboratoria	· Employee	or on-call duty officer.		
reference		or contractor of			of on-can duty officer.		
laboratorian		with an approp			Stop time: Time that		
respond to a call		education and			knowledgeable LRN		
during non-		inquiries of ca			reference laboratorian		
business hours.		of escalation s		ille what level			
business nours.		of escaration s	nouid occur.		responds to or returns		
					the call.		
					Recorded stop time		
					will include any		
					elapsed time due to		
					call transfers, callback		
					time, etc.		

Goal 4: DETECTION AND	11. Time LRN reference lab	Mean = 2 hours	Definitions: Agent of public health consequence:	Start time: Time that a confirmatory	State and local	Self-report data submitted quarterly as part of CDC
REPORTING	generates		agents requiring immediate notification	identification of an		progress report.
THE CHILLY	confirmatory		per LRN and state/local policy.	agent of urgent public		progress report.
Improve the timeliness	result for an			health consequence is		Data submitted may be
and accuracy of	agent of urgent		Appropriate officials: Include, at a	made.		validated by an
communications	public health		minimum, State public health agency			independent party during
regarding threats to the	consequence to notification of		director or designee and local public	Stop time: Time that public health director		scheduled site visits.
public's health.	appropriate		health agency director or designee in the community in which the affected	or designated official		CDC will collect start and
	officials.		individual resides and the person or	acknowledges receipt		stop times for each event
			agency that submitted the	of the result		during the reporting
			specimen/sample for testing.			period.
			Note: Data to be collected from public			LRN information should
			health LRN reference labs. Confirmatory			include (at a minimum):
			identification includes both positive and			1) name of agent tested;
			negative results.			2) date and time of confirmatory
						identification; 3)
						notification date and time;
						4) name/city of
						agency/agencies notified;
						and 5) name/title of notified official. Lab
						should maintain and
						submit requested data for
						each relevant event during
						the reporting period.
						Notified agency/agencies
						information should
						include: 1) date and time
						of notification; 2)
						name/city of notifying agency; and 3) agent and
						lab confirmatory result.
			EVENT			

Goal 5:	12. Time for	Mean = 60	Definitions:	Start time: Time that	State and local	Data collected during
INVESTIGATION	State/territory	minutes from	Call about an event that may be of urgent	public health agency		semi-annual CDC-
	public health	notification of an	public health consequence: Call about an	receives a call about		initiated drills and self-
Decrease the time to	agency to notify	event that may	event that requires the immediate	an event that may be		reported data submitted
identify causes, risk	local public	be of urgent	commitment of public health assets to	of urgent public health		semi-annually as part of
factors, and	health agency, or	public health	further investigate and respond.	consequence and		CDC progress report.
appropriate	local to notify	consequence.		warrants involvement		
interventions for those	State, following		Note: Applies to those calls where the	of their state or local		Awardees should keep
affected by threats to	receipt of a call		call-taker determines that the event may	counterpart.		either a paper or
the public's health.	about an event		be of urgent public health consequence			electronic log, regardless
	that may be of		and a commitment of assets is required	Stop time: Time		of the mode of
	urgent public			when public health		communication used.
	health			agency notifies its		
	consequence			counterpart at the next		Notifying agency's log
				level (e.g. State		should contain: 1)
				notifies local or local		name(s) of
				notifies State).		agency/agencies to which
						notification was made, 2)
						date and time
						Receiving agency's log
						should contain: 1) name
						of agency notification was
						received from, 2) date and
						time
						State awardees will report
						on calls made to local
						public health agencies;
						locals will report on calls
						made to the state public
I						health agency.

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Goal 6:	13. Time to	Mean = 6 hours	Definition:	Start time: Date and	State	Self-report data submitted
CONTROL	distribute a	from the time a	An event of that may be of urgent public	time that a decision is		semi-annually as part of
	health alert to	decision is made	health consequence: An event that	made to issue a health		CDC progress report.
Decrease the time to	key response	to notify partners	requires the immediate commitment of	alert		
needed to provide	partners of an		public health assets to further investigate			Data submitted may be
countermeasures and	event that may		and respond.	Stop time: Date and		validated by an
health guidance to	be of urgent			time that public health		independent party during
those affected by	public health		Key public health response partners: To	agency sends a health		scheduled site visits.
threats to the public's	consequence.		be defined by the jurisdiction but should	alert to response		
health.			include, at a minimum, emergency	partners		CDC will collect mean,
			management, hospitals, fire, police, and			median, minimum, and
			the jurisdiction's EOC.			maximum times for
						events during the
						reporting period.
						Awardees should keep
						paper and/or electronic
						log(s) that contains: 1)
						date and time that
						determination is made
						that an event may be of
						urgent public health
						consequence and that a
						health alert is needed; 2)
						date and time of a health
						alert is distributed to key
						public health response
						partners; and 3) name of
						response partner(s) that
						should receive the health
						alert.
						aicit.

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	14. Percent of	70% of clinicians	Definitions:	Numerator: # of	State	Awardees should collect
	clinicians and	and public health	Public health response partners comprise	clinicians and		information by drilling or
	public health	partners receive	functional groups or roles defined by the	response plan partners		exercising the
	response plan	messages within	jurisdiction and might be listed in the	that acknowledge		notification/acknowledge
	partners who	the specified	agencies emergency response plan.	message within the		ment process at least
	receive public	time.		specified delivery		semi-annually and
	health		Delivery time and whether	time.		reporting the information
	emergency		acknowledgement is required or not are			semi-annually as part of
	communication		sender-specified attributes (see Partner	Denominator: Total		CDC progress report.
	messages		Communications and Alerting Functional	# of health alert		
	C		Requirements, PHIN Preparedness,	messages sent that		Data submitted may be
			Version 1.0). When acknowledgements	required		validated by an
			are required, "delivery time" includes	acknowledgement.		independent party during
			time for acknowledgement. Available			scheduled site visits.
			delivery times are: 1) within 15 minutes;			
			2) within 60 minutes; 3) within 24 hours;			Data sources may include
			and 4) within 72 hours.			computer-generated
			and 1) within 72 hours.			electronic message
			Note : In this context, a message is			transmittal and
			classifies as "received: if an			acknowledgement times
			acknowledgement is made by the			and/or paper records of
			,			
			recipient within the time specified in the			acknowledgments phoned
			message. The time specified will vary			or radioed in.
			based on the level of urgency of the			
			message.			
			Note: In this context, "clinicians" refer to			
			clinicians listed in the public health			
			agency's Health Alert Network database.			

15. Percent of	75% of response	Definitions:	Numerator: # of	State and local	Awardees should collect
	-			State and local	
key public health	partners	Key public health response partners: To	response partners who		information by drilling or
response partners	acknowledge	be defined by the jurisdiction but should	acknowledge receipt		exercising the
who are notified	message within 5	include, at a minimum, emergency	within 5 minutes of		notification/acknowledge
via radio or	minutes of	management, hospitals, fire, police, and	communication being		ment process at least
satellite phone	communication	the jurisdiction's EOC.	sent		quarterly and reporting
when electric	being sent				the information semi-
grid power,	C	Note: This does not imply simultaneous	Denominator: #		annually as part of CDC
telephones,		contact with all response partners.	response partners to		progress report.
cellular service,		Rather, it is assumed that each partner	whom communication		
and Internet		will be contacted sequentially and	was sent		Data submitted may be
services are		respond within 5 minutes of			validated by an
unavailable.		communication being sent.			independent party during
		_			scheduled site visits.
		Note : Any system that will enable			
		communications to occur between public			
		health and its key response partners when			
		power, phones, etc. are unavailable, e.g.			
		satellite phone, radio, communication			
		equipment able to be powered by a			
		generator, can be used to address this			
		measure.			

16. Time to	Mean = 60	Note: The public health agency should	Start time: Time that	State and local	Awardees should collect
notify all	minutes	have a pre-identified list of primary,	public health director		information by drilling or
primary staff		secondary, and tertiary personnel required	or designated official		exercising the notification
(secondary or		to staff its EOC upon initial activation.	sends notification that		process at least semi-
tertiary staff as			the public health		annually and reporting the
needed) with			agency's EOC will be		information quarterly as
public health			activated.		part of CDC progress
agency ICS					report.
functional			Stop time: Time that		
responsibilities			final pre-identified		Data submitted may be
that the public			primary (secondary or		validated by an
health agency's			tertiary as needed)		independent party during
Emergency			staff member with		scheduled site visits.
Operations			ICS functional		
Center (EOC) is			responsibilities		Awardees should keep
being activated.			acknowledges the		paper and/or electronic
			notification.		log(s) or other
					documentation that
					contains: 1) date and time
					public health director
					sends notification of
					intent to activate EOC;
					and 2) date and time
					acknowledgement of
					notification is received
					from each person in core
					EOC staffing group.

	7. Time for	Mean = $2\frac{1}{2}$	Note: The intent is that each functional	Start time: Time that	State and local	Awardees should collect
pri	-	hours from time	area is staffed. Therefore, only the	public health director		information by drilling or
(se	econdary or	that public health	primary person OR his/her backup	or designated official		exercising the notification
ter	rtiary staff as	director or	(secondary or tertiary, if necessary)	sends notification that		process at least quarterly
nee	eeded) with	designated	should be included in personnel count.	the agency's EOC will		and reporting the
pul	ablic health	official receives		be activated.		information semi-
age	gency ICS	notification that	Awardees should have a pre-identified list			annually as part of CDC
fur	nctional	the public health	of core staff required to staff the public	Stop time: Time		progress report.
res	sponsibilities	agency's EOC	health agency's EOC upon initial	when the last primary		
to	report for duty	will be activated.	activation.	public health agency		Data submitted may be
at 1	public health			staff member with		validated by an
age	gency's			ICS functional		independent party during
Em	mergency			responsibilities is		scheduled site visits.
Op	peration Center			signed in (physically		
(EG	EOC).			or electronically) at		Awardees should keep
				the public health		paper and/or electronic
				agency's EOC.		log(s) or other
						documentation that
						contains: 1) date and time
						public health director
						sends notification of
						intent to activate EOC;
						and 2) date, and time each
						person in core staffing
						group signs in at EOC.

18. Time to issue	Mean = 6 hours	Definition:	Start time: Time that	State and local	Self-report data submitted
critical health	from the	An event of that may be of urgent public	a decision is made to		semi-annually as part of
message to the	determination that	health consequence: An event that	issue a critical health		CDC progress report.
public about an	a public message	requires the immediate commitment of	message to the public		
event that may	is needed	public health assets to further investigate			Data submitted may be
be of urgent		and respond.	Stop time: Time that		validated by an
public health		_	public health director		independent party during
consequence		Critical health message: Message to the	or designated official		scheduled site visits
1		public issued that contains information	issues the first critical		
		about the event, status, recommended	health message.		Awardees should keep
		protective actions, and commitment to			paper and/or electronic
		communicating updates. Examples of			log(s) or other
		ways of issuing messages include			documentation that
		information to clinicians via web sites,			contains: 1) event type
		listservs, etc.; hotlines; press releases;			and brief description; 2)
		and/or outreach to special population			date and time from public
		groups.			health agency
					determination that an
					event may be of urgent
					public health consequence
					AND a public message is
					needed; 3) Date and time
					decision is made to issue
					critical health message to
					public; 4) date, time, and
					mechanism through which
					the public health message
					is issued to the public;
					and 5) Date and time that
					public health director or
					designated official issues
					first critical health
					message.
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19. Adequacy of State and local plans to receive and dispense medical countermeasures as demonstrated through assessment by the Strategic National Stockpile/Cities Readiness Initiative (CRI)	Agency has a passing rating on 100% of all elements and functions based on its most recent Strategic National Stockpile/Cities Readiness Initiative (CRI) assessment	Definitions: A Strategic National Stockpile/Cities Readiness Initiative Assessment is an onsite evaluation conducted by CDC SNS program staff.	Information will be collected as part of routine SNS/CRI assessment. No additional reporting is required.	State and local	Data collected annually from CDC SNS/CRI assessment reports. The SNS/CRI rating for each element/function assessed will be collected separately for each awardee.
20. Time to issue an isolation or quarantine order	Mean = 3 hours from the decision that an order is needed	POST-EVENT	Start Time: Time that public health agency determines that isolation or quarantine is needed Stop time: Time that governor or legally-authorized authority signs an isolation or quarantine order	State and local	Self-report data submitted annually as part of CDC progress report. Awardees should collect data in drills, exercises, or real events conducted at least annually. Data submitted may be validated by an independent party during scheduled site visits.

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Goal 7:	21. Time to issue	Mean = 6 hours	Definition:	Start time: Time that	State and local	Self-report data submitted
RECOVER	guidance to the	from the time a	Guidance: Public health protection	a decision is made to		semi-annually as part of
	public after an	decision is made	information related to air, food, safety,	provide recovery-		CDC progress report.
Decrease the time	event	to provide	soil, and vector control issued to notify	related information to		
needed to restore		recovery-related	the public of precautionary or protective	the public		Data submitted may be
health services and		information to	actions that they can take following an			validated by an
environmental safety		the public	event.	Stop time: Time that		independent party during
to pre-event levels.				public health director		scheduled site visits.
				or designated official		
				first provides		Awardees should keep
				recovery-related		paper and/or electronic
				information to the		log(s) or other
				public after an event		documentation that
				has occurred		contains: 1) event type
						and brief description; 2)
						date and time that a
						decision was made to
						provide recovery-related
						information to the public;
						and 3) date and time that
						the public health director
						or designated.
Goal 8:	No Measure					
RECOVER						
Improve the long-term						
follow-up provided to						
those affected by						
threats to the public's						
health.						

Goal 9: IMPROVE Decrease the time to needed to implement recommendations from after-action reports following threats to the public's health.	22. Time to complete an After-Action Report (AAR) with corrective action plan(s).	Mean = 60 days from conclusion of an exercise or real event	The AAR should include a prioritized list identifying the top five items that are exclusively public health-related for corrective action and corresponding timeline for implementation. The top five items should be determined by prioritizing items by the potential for loss of life, injury, or property damage.	Start time: Date of the day following public health agency's EOC deactivation after the drill, exercise, or real event. Stop time: Date AAR is sent to public health agency director or designated official.	State and local	Self-report data submitted semi-annually as part of CDC progress report. Data submitted may be validated by an independent party during scheduled site visits. The public health agency director or designated official should keep paper or electronic copies of AARs for all events that occur during the reporting period (including date of receipt of AAR).
	23. Time to re- evaluate area(s) requiring corrective action.	Mean = 180 days after AAR is completed.	Note: The aim is for re-evaluation of area(s) requiring corrective action that may be exclusively related to the public health agency's planning and/or operations.	Start time: Date and time AAR is sent to public health agency director or designated official. Stop time: Date and time drill or exercise is held to re-evaluate at least one of the top five items identified in the corrective action plan reported in performance measure #22.	State and local	Self-report data submitted semi-annually as part of CDC progress report. Data submitted may be validated by an independent party during scheduled site visits.